

# DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM

## 2014-2015 SEASON REIMBURSEMENT REQUEST

Use a separate form for each qualified event. ONE STORM. ONE FORM.

Detailed instructions and contact information is on the back of this form.

Your reimbursement request must be received by June 1, 2015. Claims received after this date **will not be processed**.

Name of Association: \_\_\_\_\_ Name of Contractor: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Contractor Contact Person: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_

I certify that, in conjunction with the snow removal services for which reimbursement is requested under HB 544, only licensed and insured contractors have been used. It is further understood that DelDOT disclaims any responsibility for damages to private property or persons as a result of contractor work under this program. Resolution of damage claims shall rest solely between the private parties.

**Signed:** \_\_\_\_\_ **Association Office held:** \_\_\_\_\_

Subdivision Roads  (List one storm only)	Date of Service (List each date separately)	Plowing Service \$\$\$ per day	Salt/Sand \$\$\$ per day	Total \$\$\$ For storm
	TOTALS:			

List charges for feeder roads here  (Only if listed separately in annual packet)	Date of Service (List each date separately)	Plowing Service \$\$\$ per day	Salt/Sand \$\$\$ per day	Total \$\$\$ For storm
	TOTALS:			

### Optional Notarized Statement (for those wanting reimbursement without presenting cleared checks):

I attest to the accuracy of the information provided on this form and further attest that our association has paid or will pay the contractor the full amount billed and indicated on this form within 30 days.

\_\_\_\_\_  
Authorized representative of neighborhood association

\_\_\_\_\_  
Notary

\_\_\_\_\_  
County

\_\_\_\_\_  
Commission  
Expiration Date

**Claims received after June 1, 2015 will not be processed.**

**For office use only:**

Okay to Process _____ By: _____ District: _____ Zone: _____ Storm #: _____ SRP Entry Date: _____ By: _____ FSF entry Date: _____ By: _____ Be sure to log status each time.	Issue (Circle applicable items): Storm ineligible      No signature Incorrect Invoice      No Invoice No proof of pay      W-9 needed Other _____	Returned: _____ Date: _____ Logged and Contacted by: _____ Attempt 1: _____ 2: _____ Attempt 3: _____ Corrected/Received: _____
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## **HOW TO COMPLETE AND SUBMIT YOUR REIMBURSEMENT REQUEST FORM**

### **Pre-paid Annual, Fixed-Rate, Contracted Submissions – NOT a Retainer**

If you have an annual contract and paid an agreed upon annual amount up front, using the contact information at the bottom of this form, submit:

- A. The Reimbursement Request with items 3 and 4 below completed,
- B. A copy of the fixed rate prepaid contract,
- C. A copy of the cleared check that paid the contract.

DeIDOT will automatically reimburse the maximum allowed for each qualified storm (over 4 inches), with no further documentation required by you. Remember you are capped at 75% of your **paid** contract cost. Once the cap is reached no further reimbursements will be paid. If you pay in installments, please call me for further clarification.

### **All Others - Per Event Submissions**

1. **Complete ONE FORM PER STORM** having a SNOW accumulation total of 4 inches or more as soon after the storm as possible. Extra copies of this form and other important information can be found at [www.snow.deldot.gov](http://www.snow.deldot.gov).
2. **Verify** that your contractor is licensed and insured and has broken out the service, and materials by event:
  - a. Invoices must be broken down by date(s) of service, type of service or material, and dollar amount.
  - b. Roads that have been pre-determined by DeIDOT as feeder roads, if applicable for your association, are listed in your annual packet. These roads will be reimbursed at feeder rates and must be **invoiced separately**.  
**No hand calculations will be accepted.**
  - c. Materials and services used on private property such as sidewalks and driveways **are not** reimbursable.

3. **Enter** all contact information. (Tip: Make one "master copy" with contact information to utilize for the season.)

Name of Association: \_\_\_\_\_ Name of Contractor: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_ Contractor Contact Person: \_\_\_\_\_  
Contact Person Phone: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_

4. **Sign** the license and insurance certification.

I certify that, in conjunction with the snow removal services for which reimbursement is requested under HB 544, only licensed and insured contractors have been used. It is further understood that DeIDOT disclaims any responsibility for damages to private property or persons as a result of contractor work under this program. Resolution of damage claims shall rest solely between the private parties.

Signed: \_\_\_\_\_ Association Office held: \_\_\_\_\_

5. Using your contractor's bill:

- a. **List** the date of service for each service performed (plow, salt/sand).
  - i. List the dollar amount for each service.
  - ii. Total at the end of each line and bottom.

NOTE: A storm may encompass two days of plowing and salting, usually no more. See example below for the January 2014 storm which began 1/21 and stopped early morning on 1/22. It began snowing again on 1/23 but that was a different storm.

Subdivision Roads  (List one storm only)	Date of Service (List each date separately)	Plowing Service \$\$\$ per day	Salt/Sand \$\$\$ per day	Total \$\$\$ For storm
	1/21/14	\$350.00	\$200.00	\$550.00
	1/22/14	\$250.00		\$250.00
	TOTALS:			\$800.00

6. **Attach** proof of payment in the form of:

- a. A cancelled check (front and back) or screen print from bank. Mini check print outs are also acceptable.
- b. A bank statement if the remit to is listed, otherwise a copy of the written check may also be required.
- c. Optional notarized section on the reimbursement form.
  - i. This is a promise to pay if you have a small association and need the funds to pay the Contractor.
  - ii. Additional documentation may be requested if you are a large association or management company.

7. **Submit** all documentation as soon as possible after each qualified event. Documents may be sent or I may be reached:

**Mail:** DeIDOT Admin. Bldg.  
ATTN: Gloria Acevedo  
PO BOX 778  
Dover, DE 19903

**Hours:** 7 am to 3:30 pm  
Phone: (302) 760-2085  
Fax: (302) 739-7390  
Email: [dot.srrp@state.de.us](mailto:dot.srrp@state.de.us)

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